



Consommation et
Affaires commerciales Canada

Consumer and
Corporate Affairs Canada

Bureau des brevets

Patent Office

Ottawa, Canada
K1A 0C9

(21) (A1)	2,104,423
(22)	1993/08/19
(43)	1994/02/25

(51) INTL.CL.⁵ A61B-017/30; A61B-017/32

(19) (CA) APPLICATION FOR CANADIAN PATENT (12)

(54) Handle for Endoscopic Instruments and Jaw Structure

(72) Zvenyatsky, Boris - U.S.A. ;
Aranyi, Ernest - U.S.A. ;

(71) United States Surgical Corporation - U.S.A. ;

(30) (US) 07/934,728 1992/08/24

(57) 17 Claims

Notice: This application is as filed and may therefore contain an
incomplete specification.

Canada

OCA 3254 (10-92) 41 7530-21-808-3254

BEST AVAILABLE COPY

2104423

ABSTRACT OF THE DISCLOSURE

An endoscopic surgical instrument having a handle assembly, a body portion, and a tool mechanism in which a pivoting handle pivots about a stationary handle to open and close the tool mechanism. The instrument includes a rotatable body portion, in which a rotation knob is provided on the instrument at the stationary handle so that the user may rotate the body portion, and consequently the tool mechanism, using a single hand. Furthermore, an electrocautery connection is provided which is positioned out of the line of sight of the surgeon, so that the surgeon may have an unobstructed view to the surgical site. The pivoting handle is provided with a rotatable connection point for connecting the slidable rod member to essentially eliminate radial deflection of the rod within the outer tube during opening and closing of the handles. The tool mechanism may include grasping jaws having rounded, interdigitating teeth for grasping and securely holding tissue or organs for removal through a cannula.

2104423

ENDOSCOPIC SURGICAL INSTRUMENT

Field of the Invention

5 The present invention relates to endoscopic surgical instruments, and more particularly relates to an endoscopic instrument having reciprocating jaw members which pivot in response to the opening and closing of a handle member, where the movement of the handles is translated through an elongated
10 tubular body member to open and close the jaw mechanism.

 The present invention further provides a device in which the jaw mechanism may comprise cutting scissor blades, a gripping device for holding tissue during surgery, and a grasping
15 device for holding surgical needles and the like. The device of the present invention may be provided with a rotatable tubular body for selectively positioning the angle at which the jaw mechanism operates, and provision is also made for the use of
20 electrocautery capabilities to provide fur cauterization at the surgical site.

BACKGROUND OF THE INVENTION

1 In the prior art, various endoscopic surgical
instruments are disclosed which utilize generally complex
mechanisms for opening and closing handle members and jaw
5 members to facilitate use of the device at a surgical site.
Many devices provide an intricate construction in which a
linkage mechanism for opening and closing the jaws requires
numerous moving parts, while a sliding arrangement is
provided between two extended rod members which activates
10 the linkage mechanism in response to movement of the handle
members. In addition, pivoting of the handle members in
many cases causes an unwanted radial torquing force on the
rod which requires additional space to be provided in the
handle members to accommodate the radial movement of the
15 rod.

Endoscopic devices presently in use include many
devices having an interchangeable shaft assembly and jaw
mechanism in which a common handle may be used with a series
of instruments. However, these devices suffer disadvantages
20 in that the connecting mechanism oftentimes obstructs the
view of the surgeon, and the integrity of the device is
decreased due to loosening of the connection. These
disadvantages are critical due to the fact that an
endoscopic surgical procedure requires precision instruments
25 with tolerances that are carefully monitored. As the
connections wear, precision is sacrificed, and the
usefulness of the tool is diminished.

Greenberg, U.S. Patent No. 4,674,501 discloses a
surgical instrument having a pair of reciprocating shafts
30 which are provided with a rotational indexing knob in which
the shafts are allowed to rotate to position a cutting tool

- 1 at a specific angle to the handles. The shafts slide on top
of each other in response to opening and closing of the
handle members to open and close the jaw members of the
cutting instrument. The housing is secured to a stationary
5 handle, such that the shaft assembly rotates with the
indexing knob. One shaft is secured in a ball and socket
joint to a movable handle which facilitates the sliding
arrangement of the movable shaft over a stationary shaft.
The handle assembly is disengagable from the housing by
10 means of a screw, and the ball joint slides out of the
socket to remove the handles. This type of device is
subject to the disadvantage disclosed above, in which the
integrity of the device is compromised due to the number of
moving parts, as well as to the fact that the ball and
15 socket joint is an inherently loose connection which will
deteriorate during continued use.

- Ger, U.S. Patent No. 4,919,152, discloses a clip
applying device having a stationary handle and a pivoting
handle to which an elongated shaft arrangement is attached.
20 At the end of the shaft is a pair of reciprocating jaw
members which are operated in response to pivoting movement
of the handles. An inner shaft member is attached to the
pivoting handle, the shaft member passing through an outer
tube member which is attached to the stationary handle. As
25 the rod member passes through the stationary handle, as well
as through the outer tube at the location it is attached to
the stationary handle, radial movement of the rod within the
outer tube must be accounted for since the rod is attached
to the stationary handle at a non-movable point. In
30 relation to this, the bushing member is necessary inside the

- 1 stationary handle to accommodate the radial play in the rod member during opening and closing of the handles.

5 Straub et al., U.S. Patent No. 4,590,936, discloses a microsurgical instrument having a complex gear mechanism for translating movement of the handles to an opening and closing movement of the jaw members. A helical slot is provided in a shaft member which allows a pin to move through the slot to move the jaw members. Furthermore, a ball and socket joint is provided in the movable handle to connect the movable handle to the inner rod.

- 10 Bauer, U.S. Patent No. 4,128,099, discloses a forceps device having an attachment for cauterization which conducts current through the outer tube to the jaw mechanism. A complex insulation system is provided to insulate the handle from the shaft, as well as to insulate the shaft itself. This device suffers the disadvantage that in order to insulate the handle, the rod member is secured to an insulating bushing, and a second rod is provided to the bushing to connect to the handle members. Furthermore, the connection point for the electrical connector is positioned in an area which will obstruct the view of the surgeon as he looks down the device to a surgical site.

- 15 The novel endoscopic surgical instrument pursuant to the present invention obviates the disadvantages encountered in the prior art and provides a precise instrument which is easy to manufacture and efficient to use, which eliminates many of the moving parts required by prior art devices. The instrument of the present invention incorporates many features which are of use to the surgeon during an operation, while it maintains a lightweight construction in an easy to handle device in which all the

2104423

1 features may be operated with one hand. Furthermore, the
features are so positioned so as to provide a maximum line
of sight for the surgeon without obstructing the view to the
surgical site.

5

SUMMARY OF THE INVENTION

The present invention provides a novel endoscopic
surgical device which incorporates many features necessary
for an endoscopic surgical procedure, and provides a
10 lightweight and easy to use device which may be operated
with one hand. The device is simple to manufacture, and may
incorporate any one of a series of jaw mechanisms for
various surgical procedures. The device is a high precision
instrument in which many moving parts normally associated
15 with such a device are eliminated, thus reducing instances
of mechanical failure requiring expensive repair or ultimate
destruction of the instrument.

The endoscopic surgical instrument of the present
invention essentially consists of a handle assembly, an
20 elongated body assembly, and a tool mechanism attached at a
distal end of the body assembly remote from the handle
assembly. The handle assembly includes a stationary handle
and pivoting handle, whereby the body assembly is attached
to the stationary handle assembly and extends therefrom.
25 The body assembly consists of an outer tubular member and an
inner rod member which coaxially passes within the outer
tubular member. The rod member is attached to the pivoting
handle, while the tube member is secured in a conventional
manner to the stationary handle. Preferably, the outer tube
30 is provided with a detent which cooperates with a boss on
the interior of the stationary handle to lock the outer tube

2104423

1 in place. As the pivoting handle moves, the rod member
slidably reciprocates within the outer tube member.

5 Attached to a distal end of the body assembly is
provided the tool mechanism which opens and closes in
response to movement of the pivoting handle in relation to
the stationary handle. The tool mechanism may comprise a
pair of jaw members wherein one or both jaw members open and
close to perform various endoscopic surgical procedures.
10 The jaw mechanism includes, but is not limited to, a scissor
device, a dissecting device, a tissue gripping device, a
grasping device and the like. In a preferred embodiment,
the jaw mechanism includes two elongated grasping jaws which
include a plurality of teeth adapted to mesh and directly
interfit.

15 In one embodiment the jaw mechanism is secured to
the outer tubular member by means of a transverse post
member which serves as a common pivot point about which both
jaw members pivot. Each jaw member is provided with a
camming portion which extends away from the pivot point, and
20 consists of a cam slot which extends from the pivot point
into the outer tube. The upper jaw is generally provided
with a pair of spaced apart projections, each provided with
a cam slot which transversely overlap each other. The lower
jaw is also provided with a pair of extensions which are
25 spaced apart a distance which is less than the space between
the projections of the upper jaw member so that the lower
projections pass between the upper projections. The lower
projections are also provided with transverse overlapping
slots which are positioned at an angle to the upper cam
30 slots. The jaw mechanism is secured to the outer rod
through the common pivot point.

2104423

1 The inner rod member is provided with a bearing
surface, which typically comprises a post member which
passes through and is engaged within the cam slots of both
jaw members. As the pivoting handle is moved, the rod
5 slides through the outer tube and causes the post member to
bear on the camming slots to pivot the jaw members about the
common pivot point to open the jaw members. Since the cam
slots are at an angle to each other, movement of the post
member through the slots pivots both jaw members as the post
10 rides through the slots. As the rod reciprocates, the jaw
mechanism opens and closes.

 In order to prevent excessive forces from being
applied to the jaw mechanism, the pivoting handle is
provided with a pair of stop members which are positioned
15 proximate the pivot point which secures the pivoting handle
to the stationary handle, and about which the pivoting
handle moves. The upper, or proximal stop member abuts a
boss within the stationary handle to prevent the jaw
mechanism from opening too wide, while a distal, or lower
20 stop member abuts the stationary handle to prevent excessive
forces from being applied to the jaw mechanism during
closing. Accordingly, the application of force to the jaw
mechanism may be regulated during design and manufacture by
the interengagement of the stop members on the pivoting
25 handle with the bosses on the stationary handle.

 A novel feature of the present invention is the
provision of a second pivot point on the pivoting handle, to
which the inner rod member is attached. As the handle
pivots, the second pivot point rotates to allow the inner
30 rod to move longitudinally in the outer tube with minimal
radial deflection. This is an important feature of the

2104423

1 present invention in that it reduces the radial wear on the
inner rod and prevents weakening of the structure during
long term use. In addition, it allows for a reduction of
the required internal spacing between the outer tube and the
5 inner rod to result in a more compact and streamlined
instrument. Furthermore, unwanted torquing forces are
eliminated at the pivot point thus minimizing the
possibility of mechanical breakdown of the instrument at the
connection between the pivoting handle and the movable inner
10 rod.

The present invention may also feature a
connection port to provide the device with electrocautery
capabilities. In this embodiment of the invention, a
connection port is provided, preferably on the stationary
15 handle on the side of the longitudinal axis opposite the
finger grip portion. The connection port is positioned at
an angle to the longitudinal axis, which is preferably less
than 30° and in a preferred embodiment is approximately 9°
to the longitudinal axis, and extends in a direction away
20 from the body assembly. In this way, the surgeon's line of
sight is unobstructed and provides a clear view to the
surgical site. The connection port allows for the
connection of a suitable jack member to be inserted into the
device. Electrical connection between the port and the
25 outer tube is provided by a leaf spring member which extends
from the port area to the outer tube. The outer tube is
provided with electrical insulation, preferably heat shrink
tubing, which extends a substantial portion of the length of
the outer tube. In this embodiment, the handle is molded of
30 plastic material to provide electrical insulation to the
user.

1 It is also contemplated that the electrical port
connection may be provided adjacent the finger grip of the
stationary handle, so that the jack member extends
downwardly away from the device to insure an unobstructed
5 line of vision for the surgeon. In this case, a leaf spring
member extends from the port through the stationary handle
to the outer tube to complete the electrical connection.

A further feature of the present invention is the
provision of a rotatable knob on the outer tubular member to
10 allow the body assembly and the jaw mechanism to rotate to
position the jaws at desired angles to the longitudinal axis
during the surgical procedure. Preferably, the rotatable
knob is secured to the outer tube and positioned in a slot
which passes through the stationary handle, so that a
15 surgeon may rotate the knob, and consequently the body
assembly and jaw mechanism, through the use of his thumb
while he is holding the stationary handle with his fingers.
This frees the surgeon's other hand to simultaneously
operate another instrument during surgery.

20 Preferably, the rotatable knob is secured to a
bushing, which in turn is secured to the outer tube member.
The bushing is provided with a polygonal cross-section,
which corresponds to a boss member within the interior of
the stationary handle. This allows for incremental rotation
25 of the body assembly and jaw mechanism to desired angles to
the longitudinal axis. Preferably, the bushing has a
dodecahedral cross-section.

In the preferred embodiment, all the above
features are incorporated into a single endoscopic surgical
30 instrument, so that the instrument has electrocautery and
rotational capabilities. However, the instrument may be

()

2104423

- 10 -

constructed without one or more of the features while still providing a lightweight precision instrument.

According to one aspect of the present invention there
5 is provided a tool mechanism for an endoscopic surgical instrument, the mechanism including a pair of members in opposing relation reciprocatingly movable toward and away from each other, the members each comprising: a camming portion having a pivot hole and a cam slot; a body portion extending from the camming
10 portion; and a tissue gripping portion extending from the body portion, the gripping portion having a generally triangular shape.

In accordance with another aspect of the present invention, there is provided an endoscopic surgical instrument
15 comprising: a handle assembly; a housing assembly extending at a proximal end from the handle assembly and including an inner rod member reciprocatingly slidable within an outer tube member in response to movement of the handle assembly; and a tissue gripping mechanism positioned at a distal end of the housing
20 assembly including a pair of jaw members reciprocatingly movable between open and closed positions in response to movement of the inner rod and the handle assembly; wherein each of the jaw members of the gripping mechanism includes a triangular shaped gripping portion having means for enhancing gripping of the
25 tissue therebetween.

In accordance with a further aspect of the present invention there is provided an endoscopic surgical instrument having a handle mechanism, a housing assembly extending at a first end from the handle mechanism, the housing assembly
30 including an inner rod reciprocatingly slidable in an outer tube in response to movement of the handle mechanism, and a jaw mechanism extending from the housing assembly at a second end and being movable between open and closed positions in response to movement of the inner rod, the jaw mechanism comprising: a pair
35 of tissue gripping members in opposed relation, the gripping

2104423

- 11 -

members having a generally triangular shape and including means for enhancing gripping of tissue therebetween.

5 In a further aspect of the present invention there is provided an endoscopic surgical instrument in which all of the features may be used by a surgeon with one hand.

10 In another aspect of the present invention there is provided a lightweight endoscopic surgical instrument which provides a clear line of sight for a surgeon during a surgical procedure.

15 Yet a further aspect of the present invention provides an endoscopic surgical instrument which prevents the application of excessive forces to the working tool mechanism to prevent damage to the instrument, whether the tool mechanism is being opened or closed.

20 Still a further aspect of the present invention provides an endoscopic surgical instrument in which tolerances between the inner slidable rod member which operates the jaws and the outer tubular member which holds the jaw mechanism are such that there is little or no radial deflection of the rod during longitudinal movement through the tube.

25 A still further aspect of the present invention provides an endoscopic surgical instrument having a handle assembly in which a first pivot point is provided for pivoting the movable handle about the stationary handle and a second pivot point is provided which connects the movable rod member to the pivoting handle which allows for rotation of the second pivot point to prevent radial deflection of the rod during longitudinal movement.

30 Yet another aspect of the present invention provides an endoscopic surgical instrument having electrocautery capabilities in which the connection port for an electrical jack member is out of the line of sight of the surgeon during use.

35 Another aspect of the present invention provides an endoscopic surgical instrument having a rotatable body member and

2104423

- 11a -

jaw mechanism in which the rotation may be accomplished by the surgeon while using one hand.

5 A further aspect of the present invention provides an endoscopic instrument particularly suited to grasp and securely hold a gallbladder.

10 In yet another aspect of the present invention there is provided an endoscopic instrument and a tool mechanism for use with that instrument which is particularly suited to grasp and securely hold lung tissue.

15 Another aspect of the present invention provides an endoscopic surgical instrument having all the features above including a rotatable body assembly and jaw mechanism, electrocautery capabilities, and a rotatable pivot point for connecting the inner rod to the pivot handle to prevent radial deflection of the rod during longitudinal movement.

BRIEF DESCRIPTION OF THE DRAWINGS

20 The foregoing objects and other features of the invention will become more readily apparent and may be understood by referring to the following detailed description of an illustrative embodiment of the endoscopic

2104423

-12-

1 surgical instrument, taken in conjunction with the
accompanying drawings, in which:

Fig. 1 illustrates a perspective view of an
endoscopic surgical instrument in partial cutaway according
5 to the present invention;

Fig. 2 illustrates an exploded perspective view of
a handle of an endoscopic surgical instrument according to
the present invention;

Fig. 3 illustrates a side cutaway view of an
10 alternate embodiment of an endoscopic surgical instrument
according to the present invention;

Fig. 4 illustrates a side cutaway view of a second
alternate embodiment of an endoscopic surgical instrument
according to the present invention;

15 Fig. 5 illustrates a side cutaway view of a handle
of a preferred embodiment of an endoscopic surgical
instrument according to the present invention;

Fig. 6A shows a top cutaway view of the tool
mechanism of an endoscopic surgical instrument according to
20 the present invention;

Fig. 6B illustrates a side cutaway view of the
tool mechanism of Fig. 6A of an endoscopic surgical
instrument according to the present invention;

25 Fig. 7 illustrates an exploded perspective view of
an alternate tool mechanism of an endoscopic surgical
instrument according to the present invention;

Fig. 8A illustrates a plan view of the upper
member of a dissector mechanism for use with an endoscopic
surgical instrument according to the present invention;

30

35

1 Fig. 8B illustrates a plan view of a bottom member of a dissector mechanism for use with an endoscopic surgical instrument according to the present invention;

5 Fig. 9 illustrates a partial cutaway side view of the dissector mechanism of Figs. 8A and 8B attached to the end of an endoscopic surgical instrument according to the present invention;

 Fig. 10A illustrates a plan view of an upper member of a molded plastic grasper mechanism;

10 Fig. 10B illustrates a plan view of a bottom member of a molded plastic grasper mechanism;

 Fig. 10C illustrates a side view of a member of a grasper mechanism;

15 Fig. 10D illustrates a plan view of an upper grasper member constructed of metal;

 Fig. 10E illustrates a plan view of a bottom member of a grasper mechanism constructed of metal;

20 Fig. 11A illustrates a side view of a housing member of an endoscopic surgical instrument according to the present invention;

 Fig. 11B illustrates a top cutaway view along lines A-A of Fig. 11A of a housing member of an endoscopic surgical instrument according to the present invention;

25 Fig. 12A illustrates a side partial cutaway view of a rotator knob for use in an endoscopic surgical instrument of the present invention;

 Fig. 12B illustrates a front view of the rotatable knob of Fig. 12A;

30 Fig. 13A illustrates a side partial cutaway view of a bushing member for use in an endoscopic surgical instrument according to the present invention;

2104423

-14-

1 Fig. 13B illustrates a front view of the bushing
of Fig. 13A;

5 Fig. 14A illustrates a side view of a pivot
bushing for use with an endoscopic surgical instrument
according to the present invention;

 Fig. 14B illustrates a front view of the pivot
bushing of Fig. 14A;

10 Fig. 15A illustrates a side view of an open
scissor mechanism in accordance with the present invention
wherein only one jaw member pivots;

 Fig. 15B illustrates a side view of the scissor
mechanism of Fig. 15A in the closed position;

15 Fig. 15C illustrates a top view in cross-section
of the stationary pivot pin of the scissors in Fig. 15A and
15B;

 Fig. 16 illustrates a perspective view of an
alternate embodiment of an endoscopic surgical instrument in
accordance with the present invention;

20 Fig. 17 illustrates an exploded perspective view
of the grasper mechanism of Fig. 16;

 Figs. 18A and 18B illustrate a side and plan view,
respectively, of the lower grasper member of the embodiment
shown in Fig. 16;

25 Figs. 19A and 19B illustrate plan and side views,
respectively, of the jaw member of another embodiment of a
grasper mechanism in accordance with the present invention;

 Fig. 19C illustrates a cross-section view along
section A-A of Fig. 19A;

30 Fig. 20 illustrates a side view of the grasper
mechanism in accordance with the embodiment shown in Figs.

1 19A-C; Fig. 21 illustrates a plan view of the grasper
mechanism shown in Fig. 20;

5 Fig. 22 illustrates a perspective view of an
endoscopic surgical instrument employing a grasping tool
mechanism for grasping and holding lung tissue in accordance
with the present invention;

Fig. 23 illustrates an exploded perspective view
of the grasping tool mechanism of Fig. 22;

10 Fig. 24 illustrates a side plan view of the
grasping tool mechanism of Fig. 22; and

Figs. 25a and 25b illustrate a top plan view of
the upper grasping member and a top plan view of the lower
grasping member, respectively, of the grasping tool
mechanism of Fig. 22.

15

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

Referring now in specific detail to the drawings,
in which like reference numbers identify similar or
identical elements, Fig. 1 illustrates an embodiment of the
20 endoscopic surgical instrument 10. In its simplest form,
the device comprises a handle assembly 12 which consists of
a stationary handle 14 and a pivoting handle 16. Extending
from the handle assembly is a body portion 18 which
comprises an outer tubular member 20 through which a
25 slidable inner rod member 22 passes in coaxial relationship.
The outer tube 20 is secured to the stationary handle 14,
while the inner rod 22 is secured to pivoting handle 16 at
rotatable connection point 26. Handle 16 pivots about pivot
point 24 to move in relation to stationary handle 14.

30 Attached at a distal end of the body portion 18 is
a tool mechanism 28, which essentially consists of a lower

1 jaw member 30A and an upper jaw member 30B. The tool
mechanism is connected to the body portion 18 at pivot point
32 and moves in a reciprocating manner about pivot point 32
through the provision of linkage mechanism 34. Linkage
5 mechanism 34 will be described in greater detail below.

In use, as pivoting handle 16 pivots about pivot
point 24 in relation to stationary handle 14, inner rod 22
reciprocatingly slides within outer tube 20 in response to
the push or pull force at connection point 26. The function
10 of connection point 26 will be described in greater detail
below.

As rod 22 slides within tube 20, the linkage
mechanism 34 is actuated to pivot jaw members 30A and 30B
about pivot point 32 to open and close the members. Jaw
15 members 30A and 30B may comprise scissors, dissecting jaws,
or a grasping mechanism, or any other tool mechanism
required for specific surgical procedures.

As best seen in Fig. 2, pivoting handle 16 is
provided with a pair of stop members 36A and 36B which
20 cooperate with boss members 38A and 38B, respectively, to
limit the rotational movement about pivot point 24 of the
pivoting handle 16. The stop members are positioned on
opposite sides of pivot point 24 so that when pivoting
handle 16 is moved away from stationary handle 14, proximal
25 stop 36A contacts boss 38A to limit the actual rotation of
handle 16. When handle 16 is moved towards handle 14,
distal stop 36B contacts boss 38B to limit the rotation of
handle 16 in that direction. The stop members are provided
to prevent the application of excessive forces on the tool
30 mechanism during opening and closing of the surgical
instrument. In this manner, the possibility of damage or

1 destruction of the tool mechanism is greatly reduced or
eliminated.

Turning now to Fig. 3, Fig. 3 illustrates a first
alternate embodiment 10A of the endoscopic surgical
5 instrument of the present invention. Instrument 10A is
similar to instrument 10 except for the provision of an
electrocautery connection to allow for cauterization of
tissue at the surgical site during the surgical procedure.
Stationary handle 14 is provided with a connection port 42
10 for the reception of an electrical jack member (not shown)
for providing the necessary current to the tool. A leaf
spring 44 electrically connects port 42 with outer tube
member 20 which carries the electric current to the tool
mechanism at the surgical site. The leaf spring is provided
15 with a connection member 46 at the port 42 and a connection
member 48 at the outer tube. The connection members
essentially rely on the resiliency of the material which
comprises the leaf spring, but of course may be any
conventional electrical connection.

20 As the electrical charge is applied to the outer
tube, it conducts along the outer tube to the tool
mechanism, which in this instance is preferably a scissor
device 50 or other tool mechanism such as cautery hooks,
forceps, or the like. In order to protect the surgeon who
25 is using the device from electrical shock, the handle is
preferably constructed of a rigid plastic material which
renders the device lightweight and electrically insulated.

In order to prevent electrical shock during use,
an insulation member 40 is provided on outer tube 20, the
30 insulation member preferably consisting of heat shrink

1 tubing. Heat shrink tubing 40 passes into stationary handle
14 to prevent the possibility of electric shock.

While connection port 42 is shown as being
attached to stationary handle 14 at the finger grip, it is
5 also contemplated to position the connection port on top of
the handle as shown and described below in relation to Fig.
5. The positioning of the connection port in the present
invention is such so as to provide the surgeon with an
unobstructed line of sight down body member 18 to view the
10 surgical site at the tool mechanism 28.

Fig. 4 illustrates a preferred embodiment of the
invention, in which the instrument 10B is provided with the
electrocautery feature as well as having provisions for a
rotatable body portion 18. As seen in Fig. 4, a slot 54 is
15 provided in stationary handle member 14 which passes
completely through the handle member. Positioned within the
slot 54 is a rotatable knob 52 which is fixedly secured to
outer tube 20 through the provision of a bushing member 56.
The rotatable knob 52 and bushing member 56 will be
20 described in greater detail below.

Also as best seen in Fig. 4, inner rod member 22
is connected to pivoting handle 16 through the provision of
a rotational bushing 58. Bushing 58 pivots during movement
of pivoting handle 16 so that as rod member 22 is
25 reciprocated within tube 20, the bushing member 58 rotates
to minimize or eliminate any radial movement of rod 22, to
insure that rod 22 moves in a longitudinal direction only.
This alleviates excessive torquing forces on rod member 22
as well as unwanted excessive forces at the connection point
30 26 to prevent damage to the handle or the inner rod member
22. Another feature provided by this rotational bushing

1 member 58, is that by greatly reducing or eliminating radial
movement of rod member 22, exact tolerances between the
outer tube 20 and the inner rod member 22 may be maintained,
so that less spacing is required and the instrument may be
5 made in a smaller size than conventional endoscopic
instruments. In addition, by greatly reducing or
eliminating the radial deflection, the precision of the
instrument is greatly enhanced. The features of rotational
bushing member 58 will be described in greater detail below.

10 Turning now to Fig. 5, stationary handle 14A and
pivoting handle 16A are illustrated having the provision of
a locking mechanism 64A and 64B. Fig. 5 shows handle member
14A in a side cutaway view, and is the preferred embodiment
of the present invention. As clearly seen in this view,
15 handle member 14A and handle member 16A are attached at
pivot point 24 so that during opening and closing of the
handle assembly, proximal stop member 36A contacts boss 38A
to limit rotation of pivoting handle 16A away from
stationary handle 14A. When the handles are moved towards
20 each other, stop member 36B contacts boss member 38B to
limit rotation in that direction. Locking mechanism 64A and
64B may be utilized to position the handles at various
locations during the opening and closing procedure, which of
course allows for the application of various closing forces
25 on the tool mechanism at the distal end of the instrument.

Handle 14A is provided with a slot 54 which
accepts the rotatable knob 52. In addition, a polygonal
shaped boss structure 57 is provided in the handle which
will accept the corresponding polygonal shape of bushing
30 member 56 when the instrument is constructed. The
cooperation between structure 57 and bushing 56 allows for

1 the incremental rotation of the body portion 18, and
consequently the tool mechanism 28 to position the tool
mechanism at various points along the rotational path. The
number of faces presented by boss structure 57 is equivalent
5 to the number of faces on the polygonal cross-section of
bushing 56. Preferably, each structure has 12 faces.

In addition, Fig. 5 illustrates the preferred
location of the electrical port 60, that being at the top of
handle member 14A positioned at an angle to the longitudinal
10 axis of the instrument formed by the body portion 18. Port
60 is preferably positioned at an angle of less than 30° to
the longitudinal axis, and in its most optimal position, is
positioned at 9° to the longitudinal axis. This affords the
surgeon a clear line of sight down the longitudinal axis of
15 the instrument to view the procedure at the surgical site.
Port 60 accepts an electrical jack member through hole 61,
and an electrical connection is made through the provision
of a leaf spring member held in track 62 which connects the
jack (not shown) with the outer tube member as seen at 63.

20 Figs. 6A and 6B illustrate the tool mechanism
which consists of, for example, a scissor mechanism
including scissor blades 72 and 74. In this embodiment, a
housing member 66 is attached to outer tube 20, and the tool
mechanism is attached to housing member 66. Housing member
25 66 is shown in detail in Figs. 11A and 11B, in which a
radial hole 67 is provided to accept pivot pin 68 to allow
the tool mechanism to pivot about pin 68 during opening and
closing. Housing member 66 is provided with a longitudinal
slot 70 which allows the jaw members which comprise the tool
30 mechanism to open and close, as best seen in Figs. 11A and
11B.

1 As also shown in Fig. 6A, stiffening members 75
may be provided on scissor blades 72 and 74 which reinforce
the blades and add strength to the blades. Stiffening
members 75 allow for a very thin construction for blades 72
5 and 74, particularly at the distal end 77. Stiffening
members 75 may comprise a detent or outwardly punched region
whose addition to blades 72 and 74 bias the blades towards
each other to enhance the shearing function of the blades.
As the blades are made thinner, the resiliency of the blade
10 material, preferably stainless steel, titanium, or a like
metal, tends to decrease, and the provision of stiffening
members 75 urges the blades 72 and 74 toward each other to
maintain the efficiency of the cutting action. It is also
contemplated that stiffening members 75 may comprise a built
15 up region of material, or a layer of material fastened to
the blades by adhesives, solder, or the like.

As best seen in Fig. 6B, scissor blades 72 and 74
are shown in the open position whereby the handle members
(not shown) are in the open position, i.e., pivoting handle
20 16 is moved away from stationary handle 14.

As the handles move, inner rod member 22 slides
through outer tube 20 towards jaw mechanism 28. As seen in
Fig. 6B, scissor blades 72 and 74 are provided with cam
slots 76 and 78, which slots accept a bearing post 80 which
25 is attached to inner rod 22. As rod 22 moves, bearing post
80 slides within cam slots 76 and 78 to pivot blades 72 and
74 about stationary pivot pin 68 to open and close the
blades. When the blades open, the tail end of the blades
pass through slot 70 in housing member 66 to allow the
30 blades to open.

2104423

1 When handle members 14 and 16 are drawn toward
each other, inner rod 22 slides away from the jaw mechanism
and draws bearing post 80 towards the handle assembly. As
5 this occurs, bearing post 80 slides in cam slots 76 and 78
to draw the blades closed.

Turning to Fig. 7, Fig. 7 illustrates an exploded
perspective view of a dissector device which may comprise
tool mechanism 28. In this embodiment, outer tube 20 is
provided with a slot 21 which allows for the opening and
10 closing of the dissector members. In this embodiment,
housing member 66 is eliminated.

The dissector members 82 and 84 are provided with
a cam slot arrangement similar to the device illustrated in
Fig. 6B. Cam slot 86 is provided on upper dissector member
15 82, and cam slot 88 is provided on lower dissector member
84. In this embodiment, inner rod 22 is positioned within
outer tube 20, while dissector members 82 and 84 are
pivotably secured to outer tube 20 by means of pivot pin 68
which passes through hole 69 in tube 20. Rod 22 is secured
20 to the cam slot arrangement through the provision of bearing
post member 90. As rod member 22 is slid forward within
tube 20, bearing post 90 slides in cam slots 86 and 88 to
pivot the dissector members about pivot point 68 to open the
members, and when the rod member 22 is slid away from the
25 dissector mechanism, post 90 slides in cam slots 86 and 88
away from the dissector mechanism to draw the dissector
members 82 and 84 into a closed position, as best seen in
Fig. 9.

As also seen in Fig. 9, as the jaws close, the
30 distal tips of the jaw members 82 and 84 contact each other
before the ends nearest the pivot point contact each other.

1 An angle of less than 6° is maintained at this point, and preferably 2° , to allow for progressive application of pressure at the jaws.

5 Figs. 8A and 8B illustrate the preferred embodiment of the dissector device, in which the body portion has a crescent shape to facilitate grasping and tearing tissue. The surface of the dissector members include serrations 98 which are provided for dissecting and tearing tissue during a surgical procedure. Overlapping
10 projections 94 and 96, on which cam slots 86 and 88 are formed, allow the dissector mechanism to open and close without interfering with each other. The spacing between projections 94 is less than the spacing between projections 96, such that projections 94 fit within projections 96.
15 Slot 21 is provided on outer tube 20 allow the projections to pass outside the perimeter of tube 20 to allow the dissector mechanism to open and close.

Figs. 10A through 10E illustrate a grasping mechanism which may be used as the tool mechanism on the
20 endoscopic surgical instrument of the present invention. Figs. 10A and 10B illustrate a cooperating pair of grasping members 100 and 102 which are provided with serrations 104 to facilitate the grasping and holding of tissue. In the embodiment shown in Figs. 10A and 10B, the body portions 100
25 and 102 are preferably constructed of a plastic material which is integrally molded about projection 106. As best seen in Fig. 10C, a post member 110 is provided about which the members 100 and 102 are molded. Projection 106 is provided with cam slot 108 and pivot hole 109 so that the
30 grasping mechanism may be operated in a manner similar to

1 that previously described above in connection with the
scissor mechanism and the dissector mechanism.

5 Figs. 10D and 10E illustrate the grasping
mechanism of Figs. 10A through 10C except where the entire
mechanism is constructed of metal, such as stainless steel,
titanium, cast aluminum or the like. Projections 112 and
114 cooperate in a manner similar to that described above
for the dissector device, where projections 112 are spaced
greater than the distance between the projections 114 so
10 that projections 114 may pass between projections 112 during
opening and closing of the grasping device.

Turning now to Figs. 12 and 13, there is
illustrated the rotatable knob 52 and bushing member 56
which are used in connection with the rotatable body portion
15 to rotate the body portion and tool mechanism. Rotatable
knob 52 is preferably knurled or provided with ridges 116 to
allow for easy manipulation by the surgeon's thumb or
fingers. Rotatable knob 52 is preferably hollow and
includes a passageway 118 to allow the bushing member 56 to
20 pass therethrough. Fig. 13A illustrates the bushing member
as having a polygonal cross-section, such that it is
provided with a series of faces 126 which cooperate with
faces 125 on the rotatable bushing. The bushing extends
outwardly from rotatable knob 52 (see Fig. 4), and faces 126
25 cooperate with boss structure 57 (see Fig. 5) to provide for
incremental rotation of the body portion 18 to position the
tool mechanism at various points along the rotational axis.
Fig. 13B best illustrates boss member 124 which allows for
connection and securement of the bushing to outer tube 20.
30 Boss 124 fits into a groove or slot in tube 20 to secure the
bushing and rotatable knob to outer tube 20. It is also

1 contemplated that bushing 56 and rotatable knob 52 are
constructed as a single integral unit. Knob 52 and bushing
56 are preferably constructed of plastic, so that insulation
is provided during use of the electrocautery feature.

5 The positioning of the rotatable knob on the
stationary handle allows the surgeon to use the endoscopic
surgical instrument 108 with one hand, so that as the
surgeon is holding the device he may rotate the knob with
his thumb while keeping his other hand free to control the
10 surgical procedure.

As the knob is rotated, the outer tube is rotated
which in turn rotates pivot point 68, which consequently
rotates the tool mechanism. Rotation of the tool mechanism
causes rotation of the inner rod 22, which is accomplished
15 within pivot bushing 58. Pivot bushing 58 is best
illustrated in Figs. 14A and 14B and comprises a pair of
discs 128 each having a post member 130 and a hole 132
formed therein for interengaging the discs with each other.
Groove 134 is provided with a notch portion 136 which
20 accepts the end of rod member 22 which is formed with a
corresponding notch. This notch secures rod 22 in place for
longitudinal movement, while at the same time allowing for
rotational movement. As stated above, as handle member 16
pivots, bushing 58 rotates to greatly reduce or eliminate
25 radial deflection of the rod member within the tube. This
alleviates the torquing forces on the rod and minimizes
damage to the device after extended use.

Figs. 15A and 15B illustrate a further embodiment
of the tool mechanism in accordance with the present
30 invention.

1 Stationary scissors blade 140 is attached to
movable scissors blade 142 about transverse stationary pivot
pin 144. This transverse pin 144 is attached to housing
member 66 through radial hole 67 as discussed above (see
5 Figs. 11A and 11B). The present scissors embodiment
utilizes a shearing motion of blades 140 and 142 in order to
separate tissue. Arcuate cutting surfaces, 146 and 148
respectively, are formed on opposed vertical faces of the
distal ends of blades 140 and 142 to better facilitate the
10 shearing cutting action. In a particularly advantageous
embodiment, a spring washer 150, see Fig. 15C, is provided
to urge movable blade 142 against stationary blade 140. The
urging force providing a better cutting action as the blades
140 and 142 shear against each other.

15 A transverse bearing post 152 is attached to inner
rod 22 and adapted for reciprocal longitudinal motion within
outer tube 20. A longitudinal slot 154 is provided in a
proximal end of stationary blade 140 in an area proximal to
and in longitudinal alignment with transverse pivot pin 144.
20 Bearing post 152 interfits with slot 154 for longitudinal
motion therein and serves to prevent pivotal motion of blade
140 about pivot pin 144.

 An arcuate cam slot 156 is provided in a proximal
end of movable blade 142 in an area proximal to transverse
25 pivot pin 144. Bearing post 152 interfits within arcuate
cam slot 156 and serves to translate the longitudinal motion
of inner rod 22 relative to outer tube 20 into pivotal
motion of blade 142 about pivot pin 144. Thus, in the
embodiment shown in Figs. 15A and 15B, as transverse bear
30 post 152 moves distally from its proximal position, blade
142 is cammed open relative to blade 140 which remains in

1 the same longitudinal plane as rod 22. Correspondingly,
proximal motion of rod 22 causes bear post 152 to cam blade
142 to a closed position as shown in Fig. 15B.

5 This embodiment is directed to a shearing scissors
mechanism, however, other mechanisms such as, for example,
graspers, dissectors, clamps etc. are contemplated.

10 Figs. 16 through 21 illustrate additional unique
embodiments of grasping mechanisms which may be used as tool
mechanisms on the endoscopic surgical instrument described
above. These embodiments are particularly suited for
grasping and securely holding a gallbladder or other
similarly sized piece of tissue or organ as it is
repositioned within or removed from a body through a cannula
or the like. The handle assembly 12 and body portion 18 of
15 these embodiments may be the same as previously described
with regard to other embodiments. These embodiments of the
instrument may include a housing member 66 or,
alternatively, the housing member 66 may be eliminated, as
described earlier in connection with other embodiments.

20 In the embodiment of Fig. 16, the grasping jaws
162, 164 are elongated to provide a relatively wide opening
when the jaws are separated, thus facilitating passage of a
gallbladder or similar tissue therebetween for grasping.

25 The grasping jaws 162 and 164 are provided with a
can slot arrangement on a proximal end thereof similar to
the devices previously illustrated. Cam slots 166 and 168
are provided on upper grasping jaw 162, and lower grasping
jaw 164, respectively. Inner rod 22 is positioned within
outer tube 20, while grasping jaws 162 and 164 are pivotably
30 secured to the distal end of outer tube 20 by means of pivot
pin 68 which passes through hole 69 in tube 20. Rod 22 is

- 1 secured at the distal end to the cam slot arrangement through the provision of bearing post member 170. As rod member 22 slides forward within tube 20, bearing post 170 moves in cam slots 166 and 168 to pivot the grasping jaws about pivot point 68 to open the jaws. The reverse motion draws the grasping jaws 162 and 164 into a closed position. The included angle formed by cam slots 166 and 168 when the instrument is assembled is preferably between about 60 and about 80° to provide an appropriately wide opening between the jaws when separated, yet reducing or minimizing the distance which the projections 174 and 176 extend beyond the shaft when the jaws are fully opened.

- As the jaws close, the distal tips of the jaw members 162 and 164 preferably contact each other before the ends nearest the pivot point contact each other. An angle of less than about 6° and preferably about 2°, is maintained at the point of initial contact to allow for progressive application of pressure at the jaws.

- As best seen in Figs. 18A and 18B, each jaw flares in a transverse direction at its distal end to facilitate grasping and holding tissue. The inner facing surfaces of the distal ends of grasper jaws 162, 164 include serrations 178 for securely grasping tissue during a surgical procedure. Opening 177 is provided in each grasper member 162, 164 to allow a portion of the tissue being grasped to protrude through the jaws, if necessary, to further facilitate atraumatic grasping and holding of the tissue. Opening 177 also allows fluid within the tissue structure, e.g., gallbladder to exude therefrom as it is being repositioned within or removed from the abdomen through the cannula. While shown as a single, elongate opening along

1 the longitudinal axis of the jaw members, one of ordinary
skill in the art will appreciate that one or more openings
of any shape may be provided to allow fluid removal and/or
accommodate tissue.

5 Projections 174 and 176 cooperate in a manner
similar to that described with respect to the previously
described grasper and dissector devices, that is,
projections 176 are spaced greater than the distance between
projections 174 so that projections 174 may pass between
10 projections 176 during opening and closing of the grasping
device.

Stabilizing means such as a torsion spring (not
shown) may be used to remove any torsional play or wobble
which might be encountered in the elongated jaw members.

15 Figs. 19A to 21 show another embodiment of a
grasper mechanism particularly suited for grasping and
securely holding tissue or organs as they are removed from a
body through a cannula or the like. The grasping jaws 182,
184 of this embodiment employ rounded teeth 198 to minimize
20 trauma to the tissue being removed.

The grasping jaws 182 and 184 are provided with a
cam slot arrangement similar to the devices previously
illustrated with the exception that grasping jaws 182, 184
each have only one projection 194, 196, respectively on
25 which cam slots 186 and 188 are formed. Additionally, as
best seen in Figs. 19A and 21, a recess 199 may be formed in
each projection 194, 196 which will cooperate when the jaws
are assembled to form slot 200 to receive the end of rod 22.

Referring to Figs. 19B and 20, the inner surfaces
30 of grasping jaws 182 and 184 are provided with
interdigitating, rounded teeth 198. For most purposes, the

- 1 angles of the teeth and corresponding grooves or valleys
between the teeth will be equal along the length of the jaw.
The pitch of the sides of the teeth 198 may advantageously
range between about 10° and about 45° from an imaginary line
5 normal to the gripping surface of the grasping jaw and
passing through the apex of the tooth. Preferably, the
pitch of the teeth ranges from about 25° to about 35° to
provide maximum gripping strength.

- The teeth 198 in the embodiment of Figs. 19A-21
10 are rounded to prevent trauma to the tissue being gripped.
The teeth on grasping jaw 182 are offset from the teeth on
grasping jaw 184 and the valleys between the teeth are also
rounded. Thus the teeth on the grasping jaws 182, 184 will
15 mesh and directly interfit when the jaws are in the closed
position as best seen in Fig. 20. At least one tooth may
advantageously be located distally from opening 197 formed
in grasping jaws 182 and 184 to facilitate gripping at the
tip of the jaws.

- The corners and edges of the grasping members 182
20 and 184 may also be rounded to prevent damage to the tissue
being gripped or surrounding tissue.

- Opening 197 is provided in grasping members 182
and 184 to allow tissue or fluid to pass through the jaw
members, if necessary, to further facilitate atraumatic
25 grasping and secure holding of the tissue.

- Turning now to Figs. 22-25, there is illustrated
an endoscopic lung clamp instrument which facilitates the
grasping and holding of lung tissue during an endoscopic
surgical procedure. Instrument 100 essentially comprises a
30 handle assembly 102 which includes a stationary handle 104
and a movable handle 106. However, it is contemplated that

2104423

-31-

1 both handles 304 and 306 may be movable if desired. Secured
to handle assembly 302 is a body assembly 308 which includes
an outer tube 338 through which an inner rod member (not
5 shown) reciprocatingly slides in response to movement of
movable handle 306. Body assembly 308 is similar to that
described above in reference to Figs. 1-21. Body assembly
308 terminates in tool mechanism 310.

10 Handle assembly 302 further includes a rotatable
knob 318 for rotating body assembly 308 to orient the tool
mechanism 310 at a particular position. A ratchet mechanism
320 may also be provided for incrementally opening and
closing the handle assembly 302 and consequently the tool
mechanism 310. Ratchet mechanism 320 and handle assembly
15 302 are disclosed in copending application U.S. Serial
765,993, filed September 26, 1991 which is incorporated
herein by reference.

Tool mechanism 310 comprises a lung grasping or
clamping mechanism for gripping and securing holding soft
and delicate tissue such as lung tissue. Tool mechanism 310
20 essentially comprises a pair of reciprocatingly movable jaw
members including first jaw member 314 and second jaw member
316. Tool mechanism 310 is secured to body assembly 308 by
pivot pin 312 in a manner described above.

In order to facilitate the grasping and holding of
25 delicate tissue such as lung tissue, jaw members 314 and 316
have a widened triangular gripping portion 330, which
preferably has a width between 10 and 12 millimeters. Each
jaw member includes a camming portion 322 which includes a
cam slot 324 and a pivot hole 326 which accommodates pivot
30 pin 312. It is best seen in Fig. 23, pivot holes 326 are in
alignment and cam slots 324 overlap each other and cooperate

2104423

-32-

- 1 with a linkage mechanism which is secured to the inner rod
member of body assembly 308 and in which operates in a
manner such as that described above in reference to Figs. 1-
21. Camming portion 322 extends into gripping portion 330
5 through a transition body portion 328.

- Gripping portion 330 has a substantially
triangular shape to provide a greater surface area for
gripping delicate tissue such as lung tissue. As is best
seen in Fig. 25, each jaw member 314 and 316 includes a
10 substantially triangular shaped opening which corresponds in
shape to the triangular shape of the gripping portion.
Opening 334 allows the soft tissue to pass through the jaw
member to prevent damage to the tissue and to further
facilitate atraumatic grasping of the tissue. Openings 334
15 may be provided on one or both of the jaw members and serve
to prevent crushing of the tissue between the jaw members and
to facilitate grasping by receiving a portion of the tissue
therein. Also facilitating the secure grasping of the
tissue is the provision of a plurality of ribs 332 on each
20 of the jaw members 314 and 316. As seen in Figs. 23 and 24,
the ribs meet and mesh at the gripping portion 330, and
further extend partially along the length of the transition
body portion 328 to further provide for gripping of the
tissue. Ribs 332 may also abut against each other when the
25 jaws close. Transition body portions 328 are offset from
gripping portion 330 such that gripping portion 330 and
transition body portion 328 are essentially parallel but in
offset planes.

- The endoscopic surgical instrument of the present
30 invention is a compact, lightweight and easy to use
instrument incorporating many features required during

2104423

-33-

1 endoscopic surgical procedures which allows the surgeon to
use the instrument with one hand thus freeing his other hand
for other purposes during the surgery. The present
instrument overcomes many of the disadvantages encountered
5 with prior art devices and provides a precision instrument
which is easy to handle and simple to manufacture. While
the invention has been particularly shown and described with
reference to the preferred embodiments, it will be
understood by those skilled in the art that various
10 modifications in form and detail may be made therein without
departing from the scope and spirit of the invention.
Accordingly, modifications such as those suggested above,
but not limited thereto, are to be considered within the
scope of the invention.

15

20

25

30

35

2104423)

-34-

THE EMBODIMENTS OF THE INVENTION IN WHICH AN EXCLUSIVE
1 PROPERTY OR PRIVILEGE IS CLAIMED ARE DEFINED AS FOLLOWS:

1. A tool mechanism for an endoscopic surgical instrument, said mechanism including a pair of members in opposing relation reciprocatingly movable toward and away
5 from each other, said members each comprising:
a camming portion having a pivot hole and a cam slot;
a body portion extending from said camming
portion; and
10 a tissue gripping portion extending from said body portion, said gripping portion having a generally triangular shape.
2. A tool mechanism according to claim 1, wherein said gripping portion includes means for enhancing gripping
15 of tissue.
3. A tool mechanism according to claim 2, wherein said enhancing means comprises an opening through said gripping portion, said opening having a triangular shape substantially similar in shape to said gripping portion.
- 20 4. A tool mechanism according to claim 2, wherein said enhancing means comprises a plurality of ribs positioned on said body portion.
5. A tool mechanism according to claim 3, wherein said gripping portion includes a plurality of ribs
25 positioned perpendicular to said body portion and surrounding said opening.
6. A tool mechanism according to claim 1,
wherein said pair of members of said mechanism contact each
30 other at said tissue gripping portion.

- 1 7. A tool mechanism according to claim 4, wherein
said tissue gripping portion of each of said members contact
each other at said ribs.
- 5 8. A tool mechanism according to claim 6, wherein
said tissue gripping portion of each of said members
contact each other at said ribs such that said ribs mesh to
form an undulating pattern.
- 10 9. A tool mechanism according to claim 1, wherein
said body portion extends in a first plane from said camming
portion and said tissue gripping portion extends in a second
plane from said body portion, said first plane and said
second plane being substantially parallel.
- 15 10. An endoscopic surgical instrument comprising:
a handle assembly;
a housing assembly extending at a proximal end
from said handle assembly and including an inner rod member
reciprocatingly slidable within an outer tube member in
response to movement of said handle assembly; and
a tissue gripping mechanism positioned at a distal
20 end of said housing assembly including a pair of jaw members
reciprocatingly movable between open and closed positions in
response to movement of said inner rod and said handle
assembly;
wherein each of said jaw members of said gripping
25 mechanism includes a triangular shaped gripping portion
having means for enhancing gripping of tissue therebetween.
- 30 11. An endoscopic surgical instrument according
to claim 10, wherein said gripping enhancing means comprises
a plurality of ribs on each of said jaw members.
- 30 12. An endoscopic surgical instrument according
to claim 10, wherein said gripping enhancing means comprises

2104423

-36-

- 1 an opening having a substantially triangular shape within
said triangular shaped gripping portion and a plurality of
ribs surrounding said opening.
- 5 13. An endoscopic surgical instrument according
to claim 12, wherein said ribs contact each other when said
jaw members are closed.
14. An endoscopic surgical instrument according
to claim 12, wherein said ribs mesh adjacent each other when
said jaw members are closed.
- 10 15. An endoscopic surgical instrument according
to claim 10, wherein said handle mechanism includes a
ratchet mechanism positioned within said handle mechanism,
said ratchet mechanism engaging said inner rod member to
provide for incremental positioning of said jaw members
15 between open and closed positions.
16. An endoscopic surgical instrument having a
handle mechanism, a housing assembly extending at a first
end from said handle mechanism, said housing assembly
including an inner rod reciprocatingly slidable in an outer
20 tube in response to movement of said handle mechanism, and a
jaw mechanism extending from said housing assembly at a
second end and being movable between open and closed
positions in response to movement of said inner rod, said
jaw mechanism comprising:
- 25 a pair of tissue gripping members in opposed
relation, said gripping members having a generally
triangular shape and including means for enhancing gripping
of tissue therebetween.
- 30 17. An endoscopic instrument according to claim
16, wherein said gripping enhancing means comprises an
opening in at least one of said tissue gripping members.

2104423

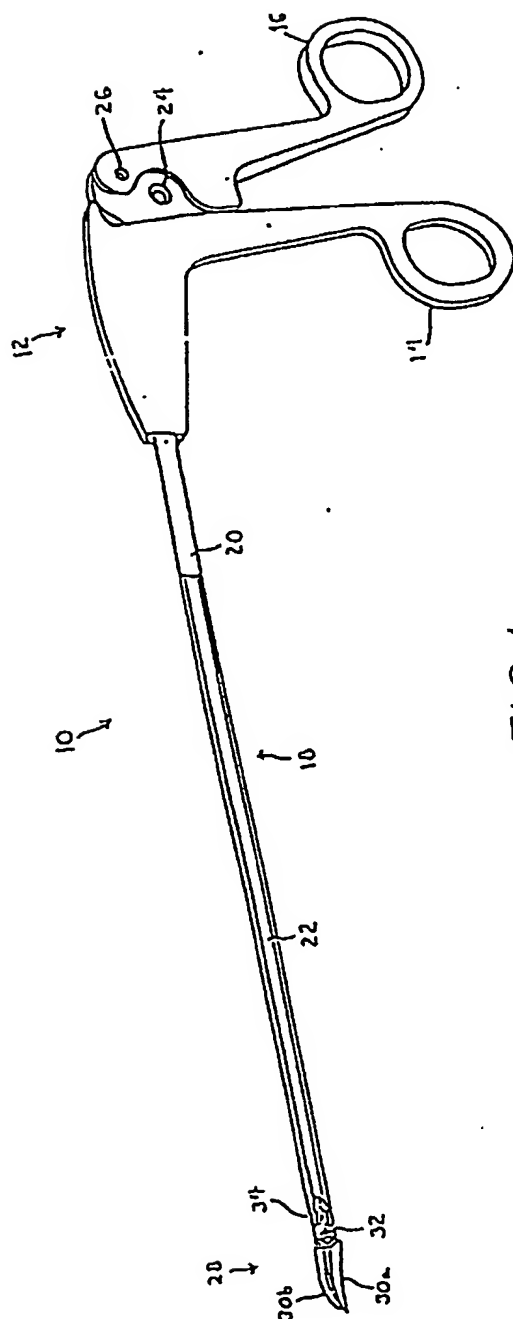
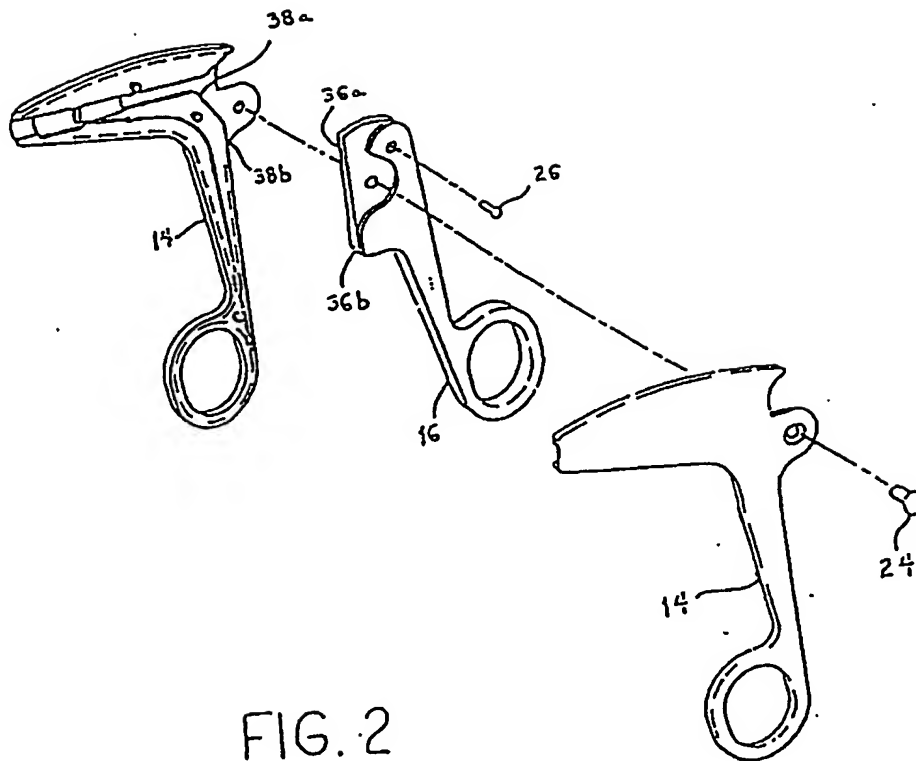


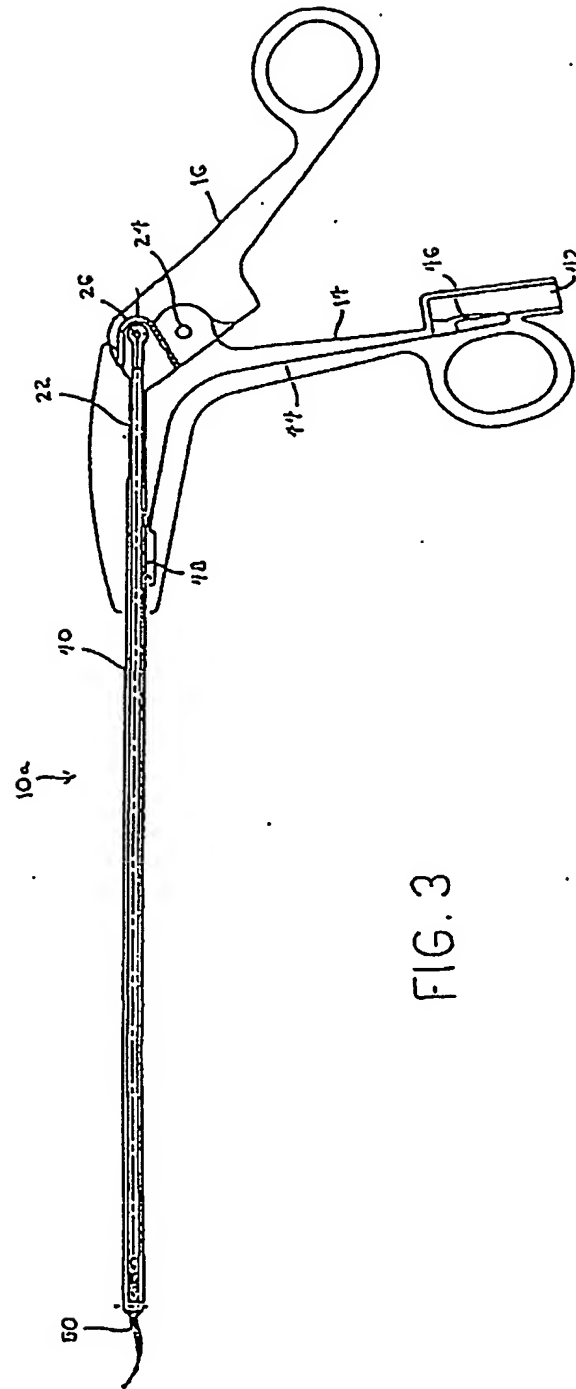
FIG. 1

McFadden, Fincham, Marcus & Anissimoff

2104423

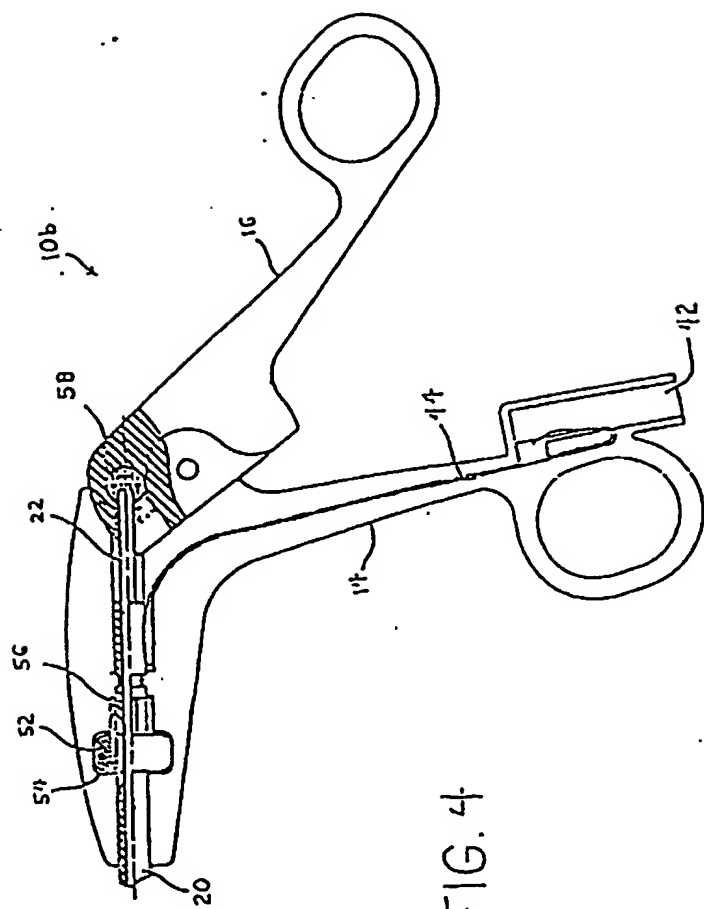


2104423



McFadden, Fincham, Marcus & Anisimoff

C.



McFadden, Fincham, Marcus & Anissimoff

2104423

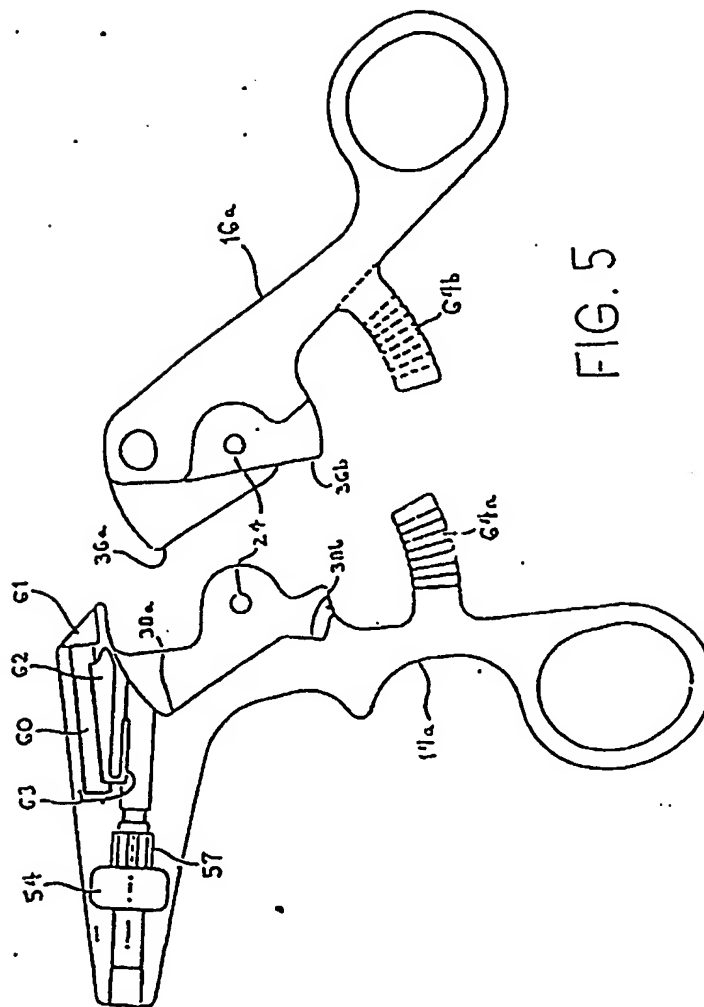
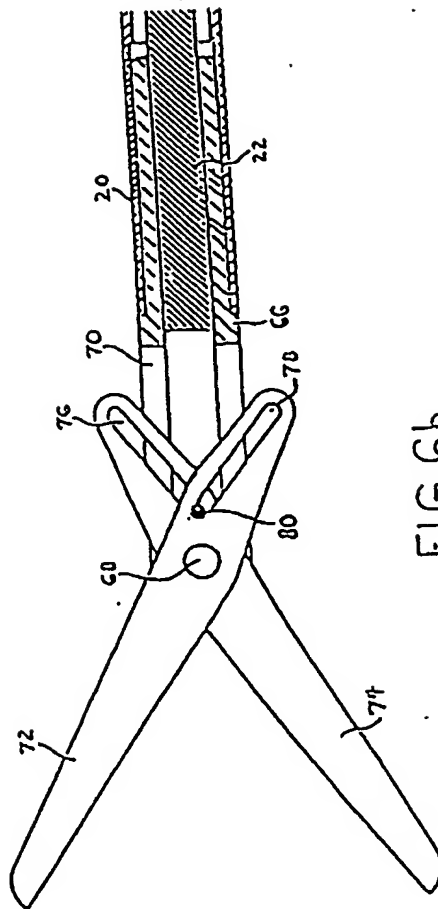
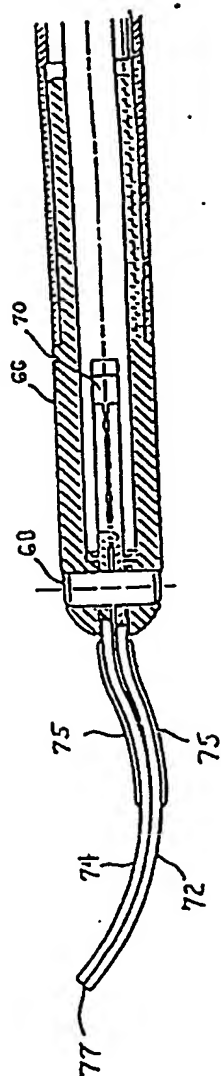


FIG. 5

2104423



2104423

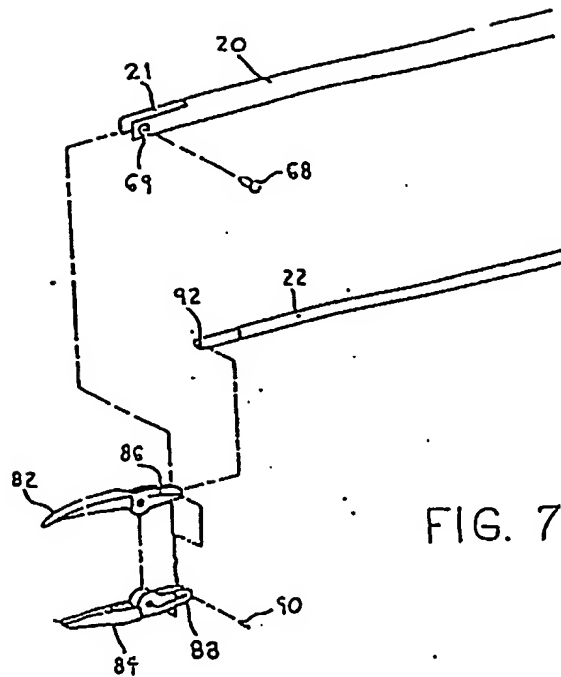


FIG. 7

FIG. 8a

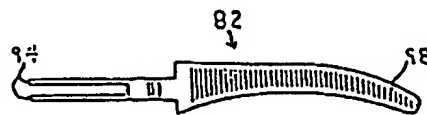


FIG. 8b

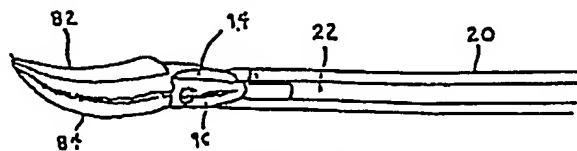


FIG. 9

2104423

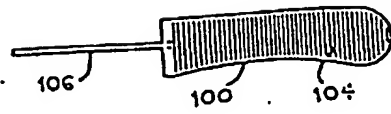


FIG. 10a

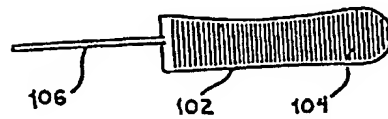


FIG. 10b

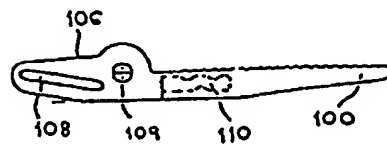


FIG. 10c



FIG. 10d

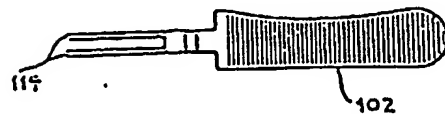


FIG. 10e

2104423

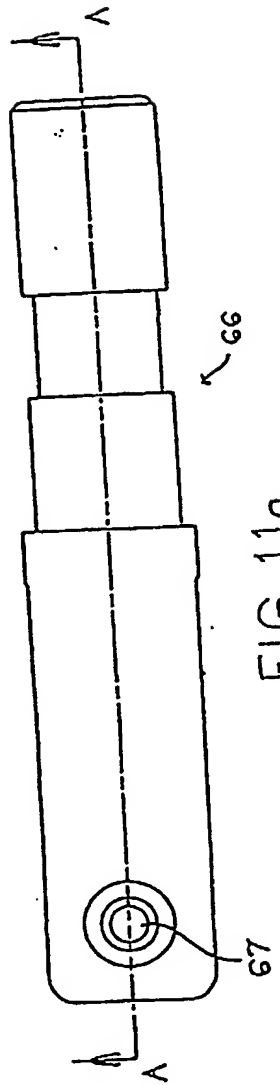


FIG. 11a

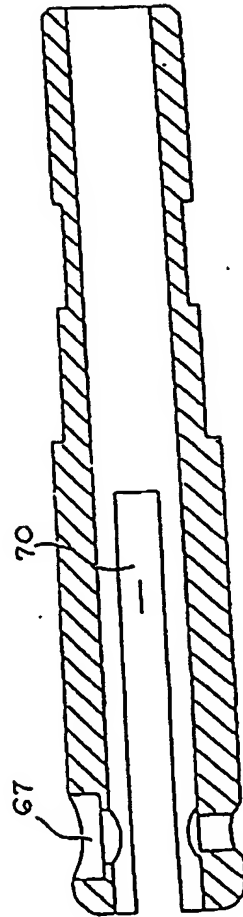


FIG. 11b

2104423

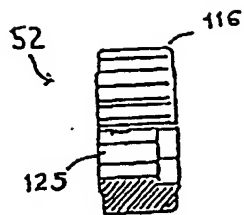


FIG. 12a

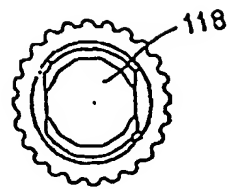


FIG. 12b

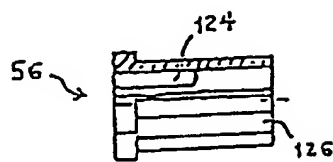


FIG. 13a

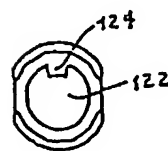


FIG. 13b

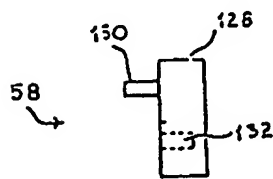


FIG. 14a

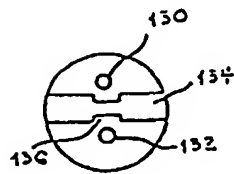


FIG. 14b

2104423

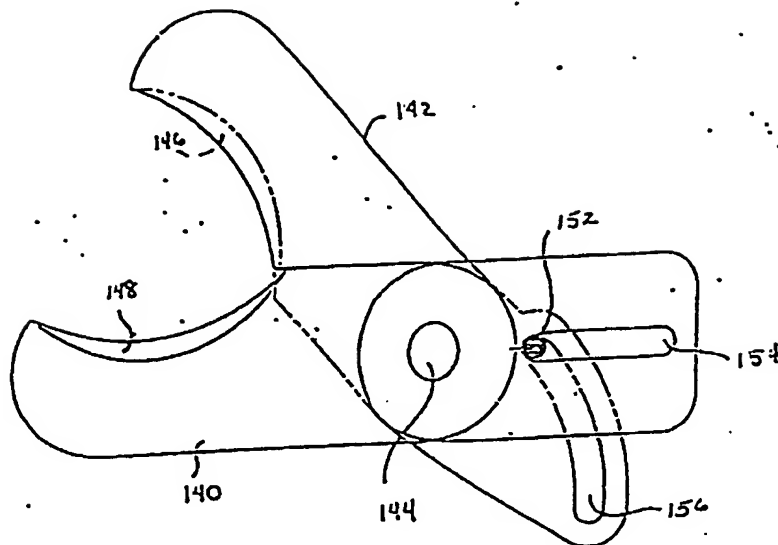


Fig. 15A

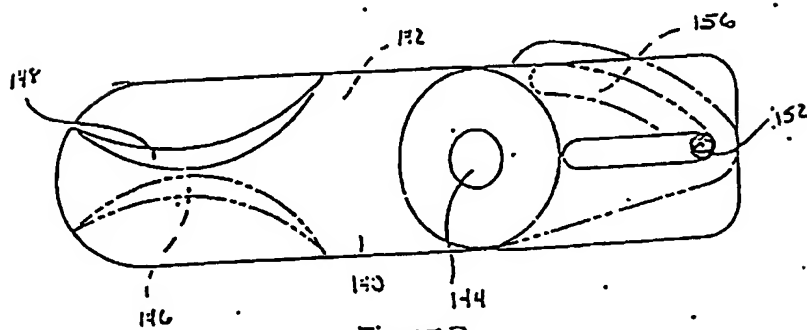


Fig. 15B



Fig. 15C

M. F. Falden, Fincham, Marcus & Anissimoff

2104423

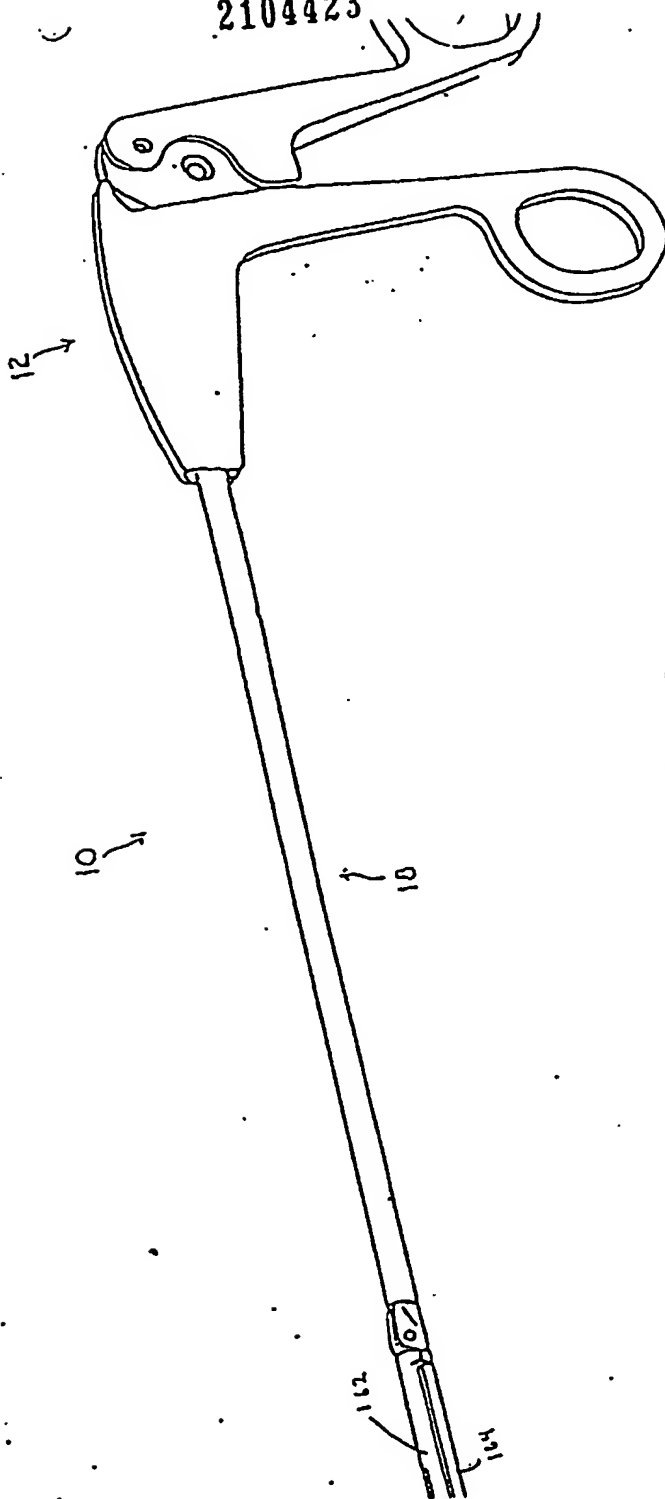


FIG. 16

2104423

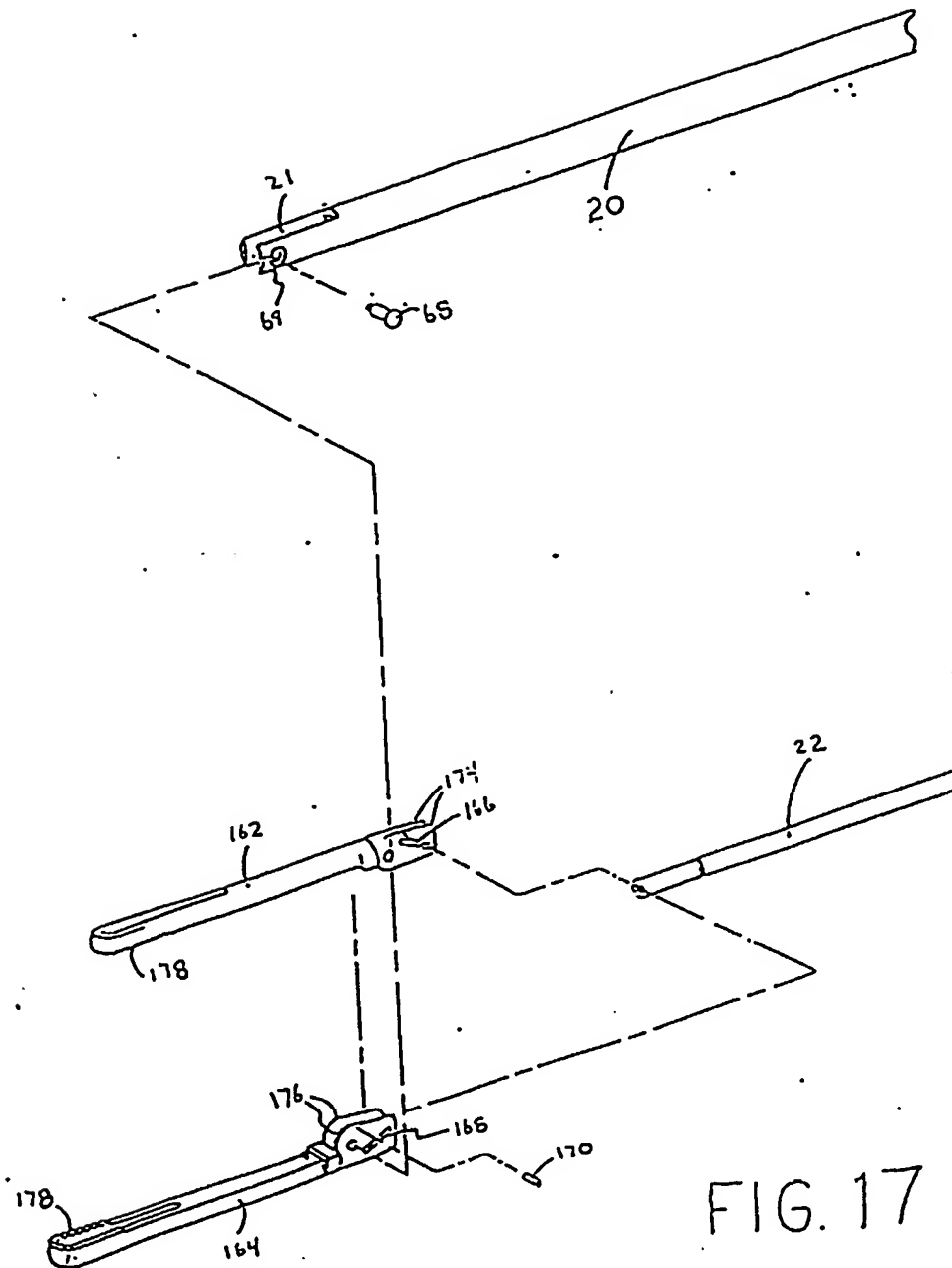


FIG. 17

M. Fadden, Fincham, Marcus & Anisimov

2104423



FIG. 18A

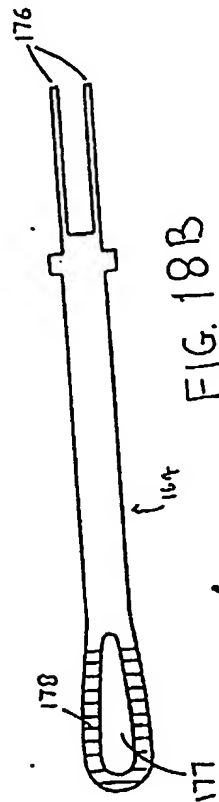


FIG. 18B

2104423

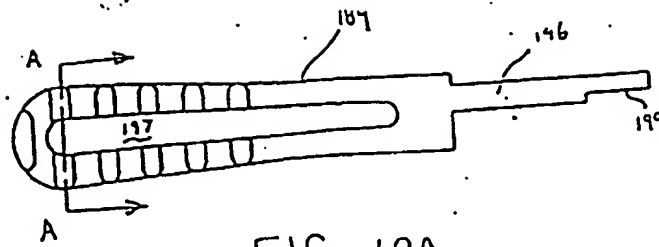


FIG. 19A

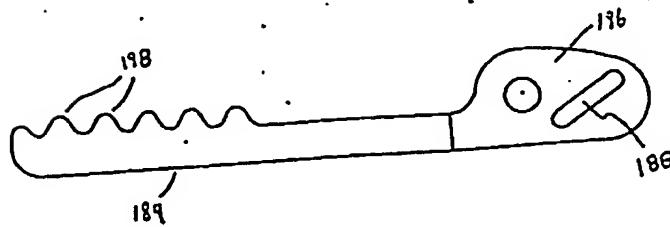


FIG. 19B

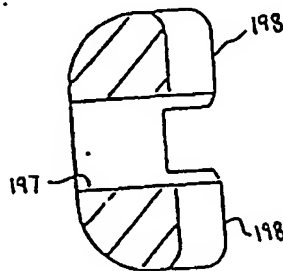


FIG. 19C

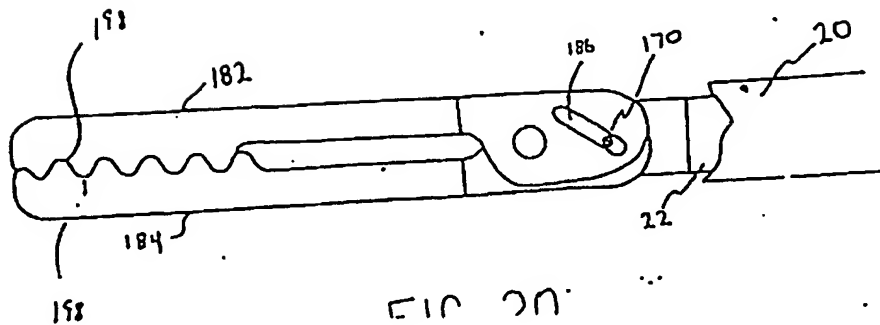


FIG. 20

2104423

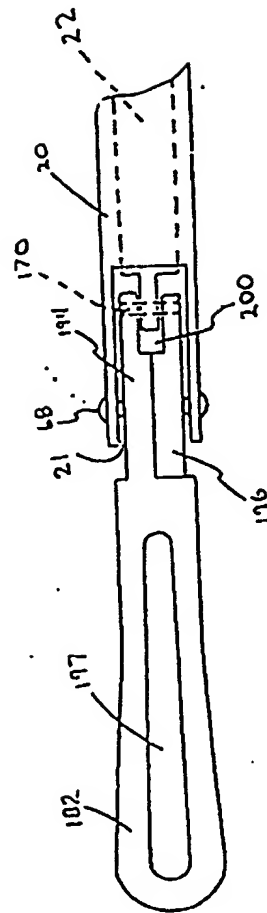


FIG. 21

2. Filled, For Best Mark as a ...

2104423

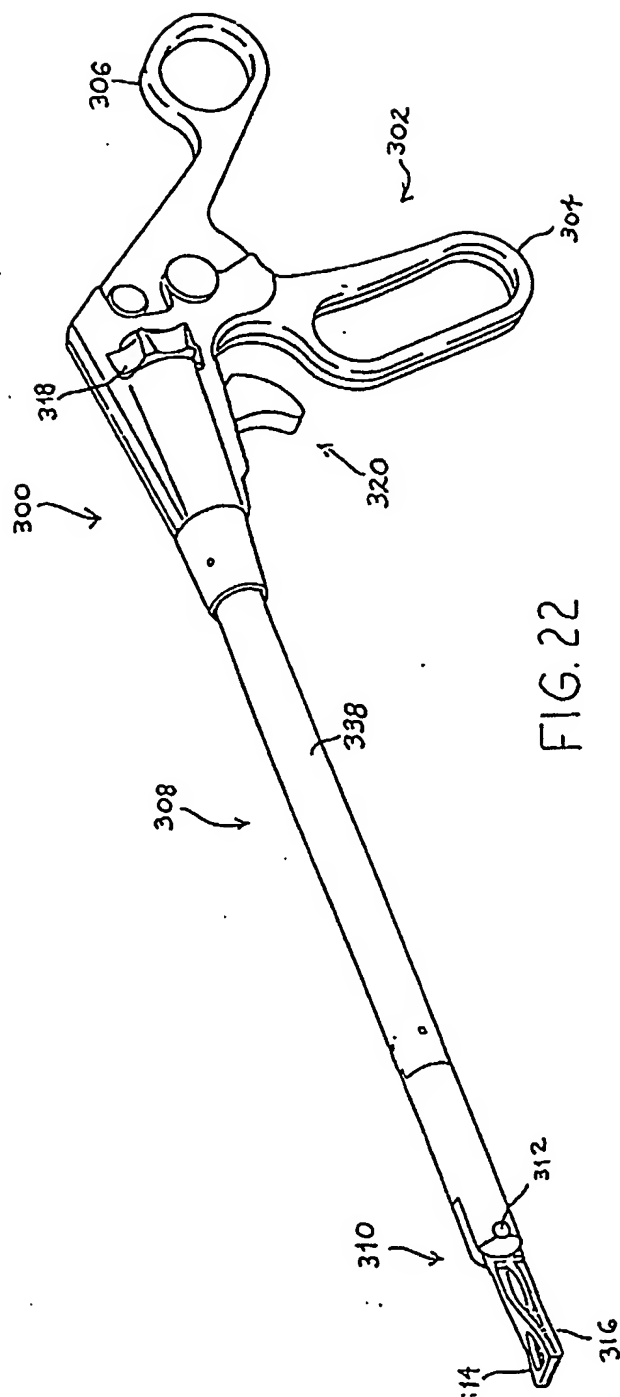


FIG. 22

2104423

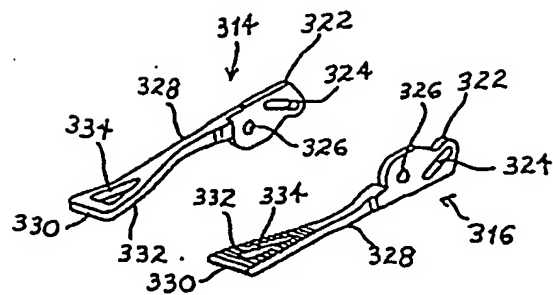


FIG. 23

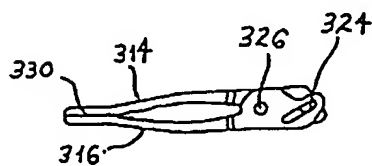


FIG. 24



FIG. 25a

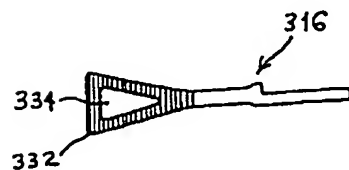


FIG. 25b

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

☒ **BLACK BORDERS**

☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**

☐ **FADED TEXT OR DRAWING**

☒ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**

☐ **SKEWED/SLANTED IMAGES**

☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**

☐ **GRAY SCALE DOCUMENTS**

☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**

☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**

☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.